

United States of America  
Department of Transportation — Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA8245SW-D

*This certificate, issued to*

Dassault Falcon Jet  
P.O. Box 967  
Little Rock, Arkansas 72203

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 25 of the Federal Aviation Regulations.*

*Original Product — Type Certificate Number:*

A50NM

*Make:* Dassault Aviation

*Model:* Falcon 2000

*Description of Type Design Change:*

Installation of the Honeywell Lasertrak/Course Deviation Instrument System in accordance with Drawing List Report No. F2M-01019, dated 5-2-95, or later FAA approved revision.

*Limitations and Conditions:*

FAA Approved Airplane Flight Manual Supplement, Report No. 36386-1, dated 5-10-95, or later FAA approved revision is required.

Compatibility of this modification with other previously approved modifications must be determined by the installer.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* April 11, 1995

*Date reissued:*

*Date of issuance:* May 10, 1995

*Date amended:*



*By direction of the Administrator*

*Andrew A. Boersma*

Andrew A. Boersma (Signature)

DAS8SW COORDINATOR

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_